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22186 7590 03/17/2006

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04/21/2006 MAHMEDE 00000038 10628263

01 FC:1501 1400.00 0P  
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Gerry Marrero	(Depositor's name)
<i>Gerry Marrero</i>	(Signature)
4-17-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,263	07/28/2003	Josef Ocenasek	1052.025	5423

TITLE OF INVENTION: PRE-DISTORTION CROSS-CANCELLATION FOR LINEARIZING POWER AMPLIFIERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/19/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
VUONG, QUOCHIEN B	2685	455-114300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <input type="checkbox"/> Steve Mendelsohn 2 <input type="checkbox"/> 3 <input type="checkbox"/>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Andrew Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Orland Park, Illinois (USA)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0782 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Steve Mendelsohn

Date 4/17/06

Typed or printed name Steve Mendelsohn

Registration No. 35,951

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